for opening of CGHS dispensaries of hospitals in various parts of the country;

(d) if so, the details thereof;

(e) whether all those towns who fulfil the required criteria to have such dispensaries are actually having CGHS dispensaries/hospitals; and

(f) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY) : (a) to (f) So far, the CGHS have opened dispensaries in the cities of Delhi, Mumbai, Calcutta, Chennai, Pune, Hyderabad, Bangalore, Jaipur, Alahabad, Meerut, Lucknow, Kanpur, Jabalpur,Patna, Nagpur, Ahmedabad, Guwahati and Trivendrum, for both serving as well as retired Central Government servants. CGHS Maternity and Gynaecology Hospital and Ayurvedic Hospital at Delhi are functioning exclusively for CGHS beneficiaries.

As per current policy, CGHS is in the first instance to be extended to State Capitals depending on the feasibility, requirements, fulfilments of the CGHS norms, availability of resources.

The city of Chandigarh has been proposed for inclusion for coverage in the Ninth Five Year Plan.

*[Translation]*

**Declaration of Backward Area**

2392. SHRI JAI PARKASH AGARWAL : Will the PRIME MINISTER be pleased to state :

(a) whether the Union Government propose to declare some areas of Delhi as backward and to provide adequate financial grant for their development;

(b) if so, the details thereof;

(c) the areas/districts declared as backward, State-wise, as on date during the last three years;

(d) the amount allocated for this purpose during the said period, State-wise; and

(e) the total number of persons benefited under this scheme, State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF PLANNING AND PROGRAMME IMPLEMENTATION (SHRIMATI RATNAMALA D. SAVANOOR) : (a) to (e) No, Sir, Planning and Development of an area and allocation of fund for that purpose is primarily the responsibility of the concerned State Governments. Planning Commission has not identified any area as backward per se. However, Central Government is supplementing the efforts of the State Governments in this regard through the mechanism of transfer of resources by providing weightage for backwardness in the modified Gadgil formula approved by NDC in 1991 for Normal Central Assistance in the states and through Special Area programmes such as Border Area Development Programme, Hill Area Development Programme, Tribal Sub-Plan, Drought Prone Area Programme, Desert Development Programme and other Programmes/Schemes such as Integrated Rural Development Programme, Jawahar Rojgar Yojana and Employment Assurance Scheme. Further Non-Plan funds are released on the basis of recommendation of the Finance Commission which takes notes of the relative development of a state.

*[English]*

**Unit System in ISM**

2393. SHRI RAVINDRA KUMAR PANDEY: Will the PRIME MINISTER be pleased to state :

(a) the reasons for introduction of Unit System in Indian System of Medicine and Homoeopathy in Delhi and outside Delhi in place of opening of full fledged dispensaries under CGHS;

(b) whether United System under CGHS in Delhi is not beneficial to its beneficiaries, Medical and Para-Medical staff;

(c) if so, the reasons for not taking adequate steps for the upgradation of these units; and

(d) whether any proposal is under active consideration of the Government in this regard, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY) : (a) to (d) There are specified norms for sanction of staff for dispensaries and units depending on the average attendance of the beneficiaries. Accordingly, in most places units have been established in the case of the Indian System of Medicine and Homoeopathy, keeping in mind the general level of attendance of the beneficiaries.

The units are extending services as per needs of the beneficiaries and thereis no quality difference in the type of treatment extended by these units.